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BURRAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH  County  State  Or Village  No Mann  It child is not yet manned, make guipenental report, as directed and number)  It child is not yet manned, make guipenental report, as directed and number)  It child is not yet manned, make guipenental report, as directed and number)  It child is not yet manned, make guipenental report, as directed and number)  It child is not yet manned, make guipenental report, as directed and number)  It child is not yet manned, make guipenental report, as directed and number)  It child is not yet manned, make guipenental report, as directed and number)  It child is not yet manned, make guipenental report, as directed and number)  It child is not yet manned, make guipenental report, as directed and number)  It child is not yet manned, make guipenental report, as directed and number)  It child is not yet manned, make guipenental report, as directed and number)  It child is not yet manned, make guipenental report, as directed and number)  It child is not yet manned, make guipenental report, as directed and number)  It child is not per shaded on the state birthday  It child is not yet manned, make guipenental report and number)  It child is not per shaded on the state and now itring.  It child is not per shaded to distill bering the shaded and now itring.  It color or race  It color or race  It child is not per shaded to distill bering the shaded and now itring.  It were precautions then against topic.  It manned and now itring.  It were precautions then against topic.  It manned and now itring.  It were precautions then against topic.  It manned and now itring.  It			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	A. J. Carlotte and	
BURRAU OF VITAL STATISTICS  STANDARD CERTIFICATE OF BIRTH  County  State  Portion of Township  Or Village  No Manney  (It birth occurred in a hospitally institution, give its NAME instead of street and number)  It child is not yet standed, make a upplemental report, as directed.  Set of Child  To be answered ONLY  1. Twin, tright or other  O. Legitimate?  7. Date upplemental report, as directed.  Set of Child is not yet standed, make a upplemental report, as directed.  Set of Child is not yet standed, make a upplemental report, as directed.  Set of Child is not yet standed, make a upplemental report, as directed.  Set of Child is not yet standed, make a upplemental report, as directed.  Set of Child is not yet standed, make a upplemental report, as directed.  Set of Child is not yet standed, make a upplemental report, as directed.  Set of Child is not yet standed, make a upplemental report, as directed.  Set of Child is not pret and state.  15. Residence  (Usual place of abode)  16. Residence  (Usual place of abode)  17. Age at last birthday 18. (Years)  18. Birthplace (city or place)  (State or country)  19. Occupation  Nature of industry  Nature of industry  Nature of industry  19. Occupation  Nature of industry  10. Number of children of this mother.  (State or country)  10. Number of children of this mother.  (State or country)  10. Number of children of this mother.  (State or country)  10. Number of children of this mother.  (State or country)  11. Age at last birthday 18. (Years)  12. Were precautions then against tophical intending physician or midwile, then the father, householder, or stillippen.  11. Address.  (Born alive was non stillippen.)  (CERTIFICATE OF ATTENDINO PHYSICIAN OR MIDWIFF  12. Were precautions then against ophical and midwile).  (Countries and midwile)  12. Were precautions then against ophical and midwiles.  13. Occupation  Nature of industry  No MOTHER  Full mann	ARIZONA	STATE B	OARD OF HEALTI	H Rista Fila No. /SO	2
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2. Full name of child. Selection of the	District or Township	304		0.40	- 3
2. Full name of child. Access Many [If child is not yet named, make supplemental report, as directed and purel in overn of plural births.  3. Ser of Child To be answered ONLY 1. Twin, trigics or other 5. Legitimate?  7. Date of birth Month Day Year of birth Day Address Month Day Year of birth Day Address Month Day Year of birth Day Address Month Day Year of birth Month Day Year of birth Month Day Year of birth Day Address Month Day Year of birth Day Year of birth Day Address Month Day Year of birth Day Address Month Day Year of birth Day Address Month Day Address Month Day Ad	City Mann N	(If birth occur	rred in a hospital or institution	wa we its NAME instead of street and number	rd 3
3. Set of Child To be answered ONLY in event of plural births.  5. No., in order of birth in event of plural births.  8. FATHER  Full name  9. Residence (Usual place of abode)  15 Residence (Usual place of abode)  16 Color or race  17. Age at last birthday.  18. Birthplace (city or place)  19. Birthplace (city or place)  (State or country)  10. Number of children of this mother.  11. Age at last birthday.  12. Birthplace (city or place)  (State or country)  13. Occupation  Nature of industry  14. MOTHER  Full manded name Mayworle Chashy  15 Residence (Usual place of abode)  16 Color or race  17. Age at last birthday.  18. Birthplace (city or place)  (State or country)  19. Occupation  Nature of industry  11. Keep percantons them against ophic exilide and including this child.)  11. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES  4. When there was no attending physician or midwife, then the father, householder or midwife, then the father, householder or midwife, then the father, householder of hits child, who was allowed the relidence of life, after birth.  11. Signature  12. MOTHER  Full manded name  13. Mother of abode)  14. MOTHER  Full maiden name  15. No., in order of birth in the child.  (Usual place of abode)  16. Color or race  17. Age at last birthday. (Years)  18. Birthplace (city or place)  (State or country)  19. Occupation  Nature of industry  10. Very precantions them against ophics or midwife, then the father birth of this child, who was  11. Were precantions them against ophics or midwife, then the father, householder, child is one that religher breathes nor shows other evidence of life, after birth.  11. Occupation  12. Were precantions them against ophics or midwife, then the father, householder, child is one that relighter breathes nor shows other evidence of life, after birth.  12. Occupation  13. Were precantions t	Lelen Im		Wavis	( If child is not yet named, ma	ke 🎉
In event of plural births.  8. FATHER  Full name  O. Residence (Usual place of abode)  If non-resident, give place and state.  10. Color or race  11. Age at last birthday Day (Years)  12. Birthplace (city or place)  (State or country)  13. Occupation  Nature of industry  Nature of industry  Nature of industry  (a) Born alive and now living the child.  14. When there was no attending this child, who was or midwife, then the father, householder, or midwife, then the father householder.  (Physician or midwife)  (Physician or midwife)	2. Full name of chia		6. Legitimate?	Na / 2 2 2 2	
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Pull name  Paul Paul  Residence (Usual place of abode)  If non-resident, give place and state.  15 Residence (Usual place of abode)  If non-resident, give place and state.  16 Color or race  17. Age at last birthday 2 (Years)  18. Birthplace (city or place)  (State or country)  18. Birthplace (city or place)  (State or country)  19. Occupation  Nature of industry  Nature of industry  Taken as of time of birth of child herein (certified and including this child.)  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFFS  I horeby certify that I attended the birth of this child, who was  When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is once that neither breathes nor shows other eridence of life after birth.  Signature Address  Wann Address  Full matiden name Marywic Court (Usual place of abode)  If non-resident, give place and state.  15 Residence (Usual place of abode)  If non-resident, give place and state.  16 Color or race  18. Birthplace (city or place)  (State or country)  19. Occupation  Nature of industry  Nature of industry  Thysician or insidwife).  10. Number of children of this mother  (c) Stillborn  Address  Residence (Usual place of abode)  If non-resident, give place and state.  18. Birthplace (city or place)  (State or country)  18. Birthplace (city or place)  (State or country)  19. Occupation  Nature of industry  Nature of industry  Nature of industry  Purplication of the assume against ophic  thalmia neonatorum?  (CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFFS  The place of abode)  18. Birthplace (city or place)  (State or country)  19. Occupation  Nature of industry  Nature of industry  Purplication  Signature  (Physician or insidwife).	000000	order of birth			-
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